

one wishes to be very thorough this junction is then overwound with Chinese twist silk. The preparation is all so simple that the theatre sister can "electrify" any surgical instrument at a moment's notice before operation. Boiling is the method of sterilization.

A single strand of ordinary lamp flex is much better than the usual heavily insulated diathermy leads, because the flex does not fracture so easily, resists boiling almost indefinitely, and, being light in weight, it is not cumbersome for the surgeon. Instruments made in this way can be repaired on the spot; also the expense of being specially designed, with the possibility of a very limited demand, is avoided.

I can assure readers that in these specially designed instruments the socket used to attach the lead is rarely free from trouble. It gets in the way when used at operation, and one is liable to burn the patient in unexpected places on account of the protuberance of the attachment.—I am, etc.,

Sheffield, 1.

DAVID AIKEN.

#### REFERENCE

1 *Lancet*, 1944, 2, 212.

### Pain in Childbirth

SIR,—The above, it seems to me, occupies at present a region of political hysteria from which it would be wise to remove it. Based on forty years of maternity work in general practice, it may be these observations may not be entirely valueless.

I propose to deal with the normal case. These represent over 90% of all midwifery. The abnormal is, or should be, outside the care of the general practitioner: it belongs to the institution and the specialist obstetrician. The greatest danger in midwifery is its normality; one is apt to be lulled to sleep by this. It is difficult for a man to measure the actual pain of childbirth, as he does not share it. Nature, when she gave the woman that proud and exclusive duty, without doubt also gave her the means of discharging it. I am sure that woman bears pain better and more patiently than man.

An attempt can be made to assess the actual amount of childbirth pain in terms of time and intensity.

*Time*.—The average labour lasts some 10 hours from the first discomfort to the complete dilatation of the os. These pains occur at 15-minute intervals, and last one minute on the average. It is only in the last two or three hours at most that they can be called at all severe. That is, 40 pains in all and 40 minutes in time. This stage is quite efficiently dealt with by (1) reassurance, and (2) sometimes pethidine or a like drug. No anaesthetic is needed. These pains, I say, are not agony. The next stage is to the delivery of the child. This lasts some two to three hours. These pains occur every five minutes and last also, on the average, one minute. That is, some 36 pains of one minute each; of these pains the last dozen or so are all that can be claimed as very severe. It is for these that analgesia is more or less needed or exhibited. This means an anaesthetic, and an anaesthetic means an added risk to mother and/or child.

*Intensity of Pain*.—I have asked mothers suffering from (1) gallstone colic, (2) renal colic, (3) acute lumbago, (4) acute sciatica, (5) herpes zoster (severe), (6) headache, how these pains compared with childbirth pain. They said (1) and (2) were worse than childbirth pain; (3) and (4) were as bad as childbirth pain; (5) they were doubtful which was worse; and (6) definitely less than childbirth pain.

—I am, etc.,

Glasgow, E.1.

JAMES COOK.

### Dysentery in South Persia

SIR,—The paper entitled "Dysentery in South Persia," by Dr. I. S. Stewart (April 16, p. 662), is a description of 1,430 cases of "dysentery," no pathogen being found in 813 (56.6%). Ten cases developed hepatitis, although neither cysts nor amoebae were found in the stools, but the patients responded to emetine. The author believes that a bacillary origin is likely in the 813 cases in which no pathogen was seen or isolated. All the cases—proved and dubious—were treated with sulphaguanidine, 20 g. a day (apparently), and all recovered after an average of three or four days' treatment. Thirty-five patients became clinically normal, but were found to be still passing infected stools and were "disinfected" by a further course of sulphaguanidine.

The problem of the patient with 20 or more watery stools a day containing mucus, pus, and blood, but no demonstrable

protozoal, flagellate, ciliate, helminth, or bacillary cause—the so-called "gippy tummy," "Abadan tummy," "Singapore tummy," "hill diarrhoea," "Bombay tummy," etc.—has excited a great deal of interest. In the annual reports of the medical department of the Anglo-Persian (Anglo-Iranian) Oil Co., Ltd., for 1926 to 1939 inclusive this problem of geographical "tummy" is often discussed by the then pathologist. It is a curious and rather disturbing fact that before the invention of the "sulpha" drugs these cases were made clinically normal by the administration of sodium sulphate, in hourly or two-hourly doses for two, three, or four days, together with a low diet.

This geographical "tummy" is the bane of travellers and new arrivals in the lands east of Suez. Old-stagers are liable to have an acute attack after engaging a new personal servant or cook. It is rather significant that these attacks can be avoided by having all food served very hot, drinking coffee or tea with hot milk, and having plates, knives, forks, spoons, and drinking vessels hot from the oven. Enterotoxin due to staphylococci, *Proteus vulgaris*, certain strains of coliform bacilli, or a virus are possible causes.—I am, etc.,

Epping, Essex.

FRANK MARSH.

### Medical Journals for German Doctors

SIR,—It is indeed heartening to read in the *Journal* Mr. Zachary Cope's review (March 26, p. 530) of a sad little book, a book for which, he says, the chief use in this country should be "to stimulate surgeons to help their brethren in Germany to learn of the wonderful new remedies of which they know so little."

And not alone surgeons. Letters from a friend to whom, as to his colleagues of the University of Marburg, I have recently been under heavy debt for help in the "displaced persons" problem, could leave one in no doubt that the most grievous affliction of the German doctor of to-day is his sense of isolation, of being cut off from the heart and thought of his professional brethren throughout the world.

If any doctors who may have old medical journals to spare would address these to the medical schools of any of the German universities they would be astonished at the response so little a thing would evoke. To any who, not having contacts in Germany, might seek a more individual response, journals directed to me would be forwarded in their names.—I am, etc.,

50, Ebury Street, London, S.W.1.

J. P. S. DUNN.

## POINTS FROM LETTERS

### Survival of a Premature Twin

Dr. J. ERNEST THOMAS (Cwmaman, Glam) writes: I beg the opportunity of reporting the following case. On Jan 5, 1949, I attended at the birth of male twins, born five weeks prematurely. Both were breech deliveries, the elder weighing 2 lb. (907 g.) and the younger 8 lb. (3.6 kg.). At 4 days old the weight of the smaller baby had dropped to 1 lb. 12 oz. (794 g.). He was then admitted to Aberdare General Hospital, and while there has been under the constant care of Sister Essery. On Jan. 15 his weight was 1 lb. 15 oz. (879 g.), and on Feb. 1 it was 2 lb. 6 oz. (1,075 g.). On April 4 the baby weighed 4 lb. 3½ oz. (1,917 g.). During the whole of this period the child has been nursed in a side ward with screens around its cot. For the first 14 days he was fed on breast milk, commencing with ½ dr. (1.75 ml.) and increasing daily until at 14 days he took about 1 oz. (28.4 ml.) at each feed. After 14 days the donor of the breast milk developed mastitis and the supply ceased. The child was then fed on a proprietary milk preparation and a polyvitamin emulsion was also given.

### Specialization

Dr. F. M. PURCELL (Fermoy, Co. Cork) writes: Lest no other readers should record their appreciation of the discussion on "Specialization" at a meeting of the Section of Medicine of the Royal Society of Medicine (reported in the issue of April 2, p. 586), I wish to record mine. I feel sure that many other doctors, men of wide experience, would join me in acknowledging the soundness of the views expressed, especially those of Mr. Dickson Wright, Sir Robert Young, Sir Henry Cohen, and Dr. Maurice Davidson. It is to be hoped that this report will be read thoroughly by young doctors eager to become specialists.